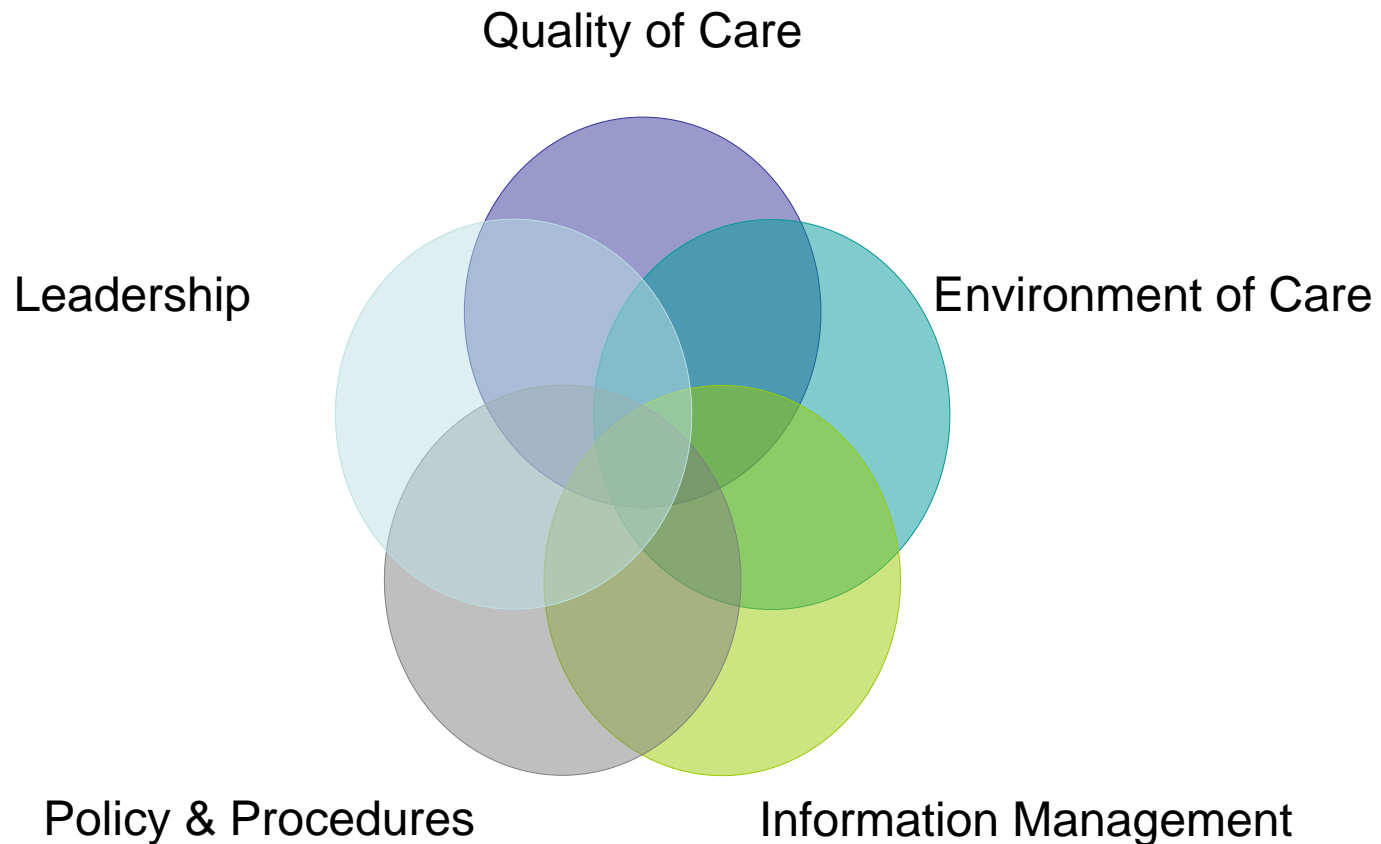# Developing a Quality Program for Medical at NASA KSC

It's a Team Effort

By Stuart Nokes, Administrative Director CHS

All NASA medical units are required to develop Quality Programs

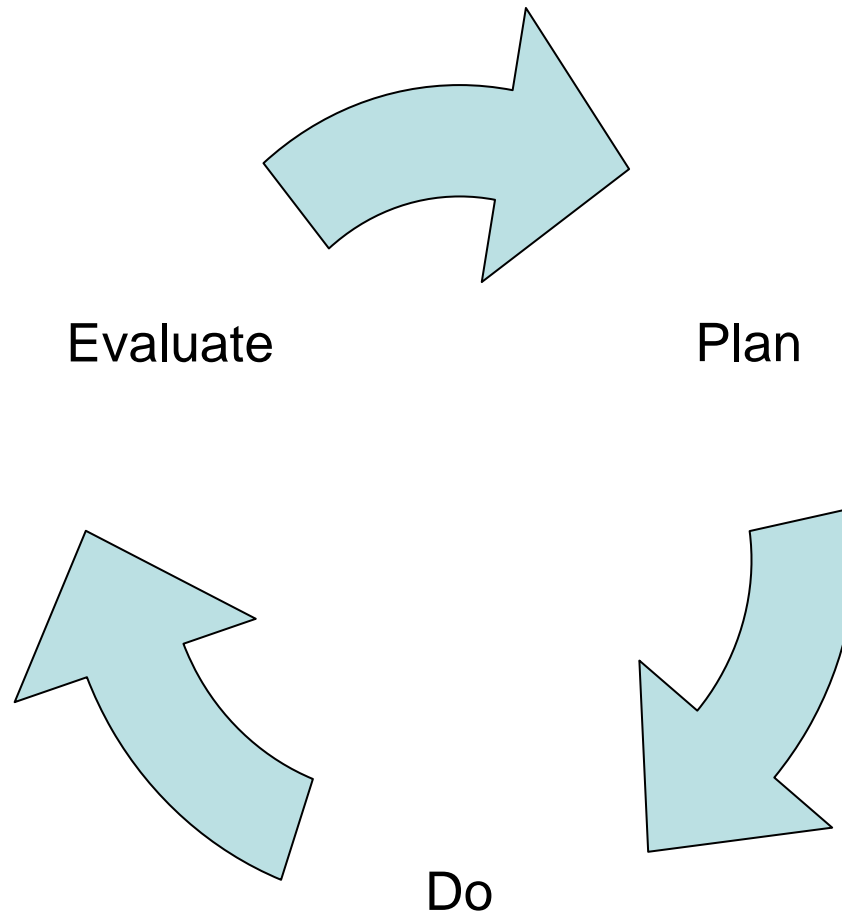# Medical Directors, Admin and Nursing Mgt lead this charge

Med Directors and RN Mgt must juggle QA development with daily operations

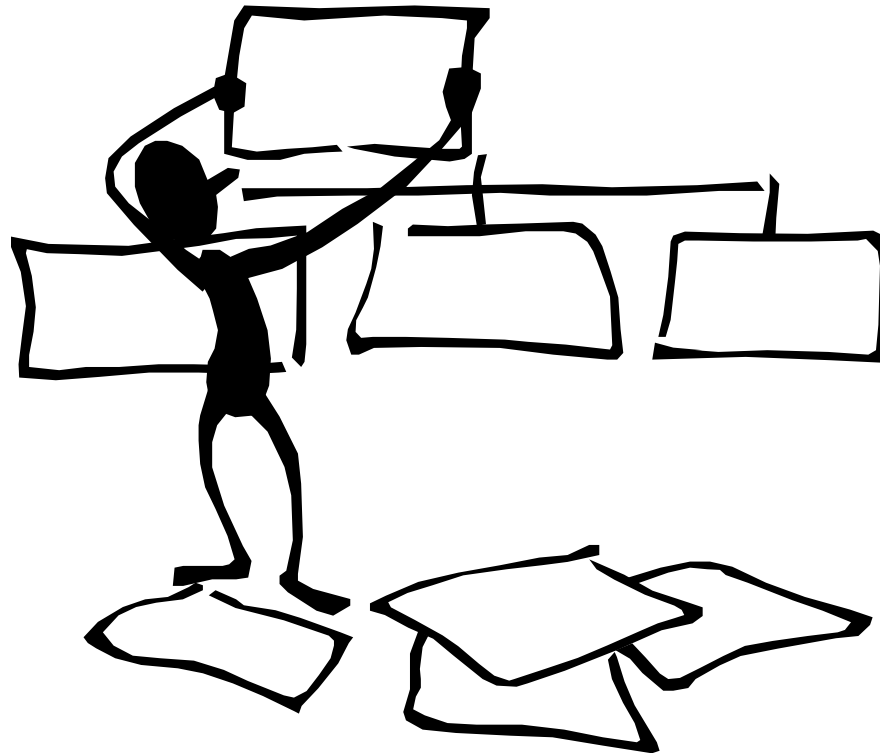# QA programs can be made within operational constraints

Involve the entire team and find that improvements achieved help to accomplish the goal
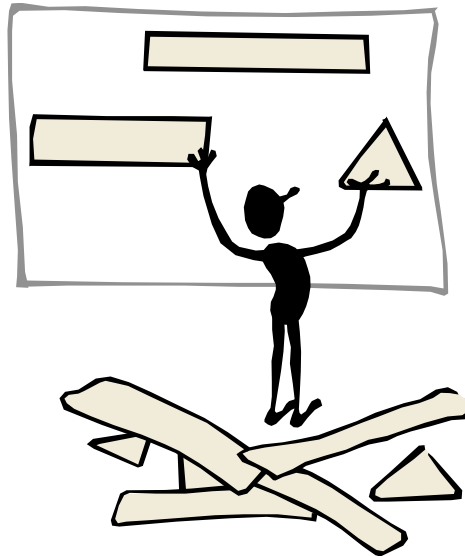
Plan

Do

Evaluate

A quality program requires involvement from all team members

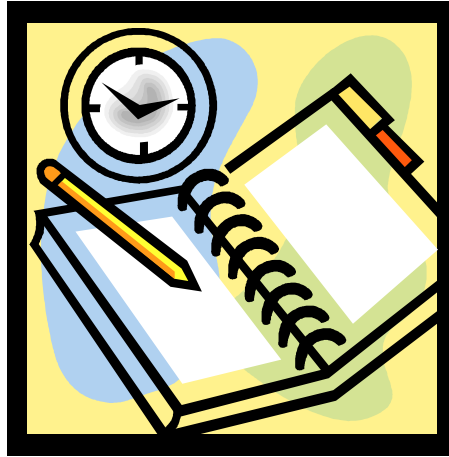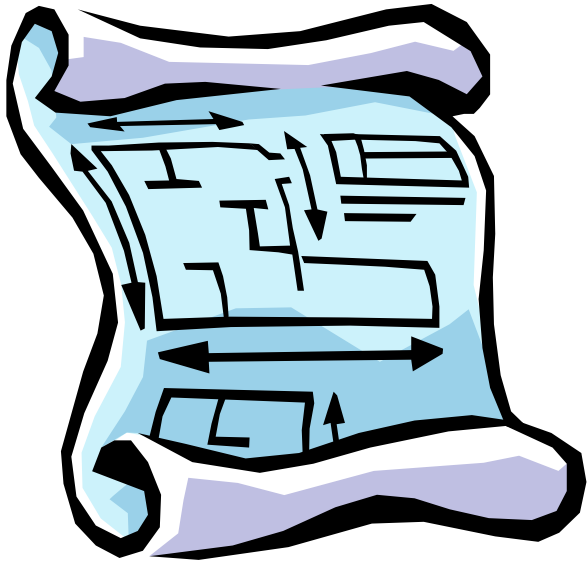# A shift must take place

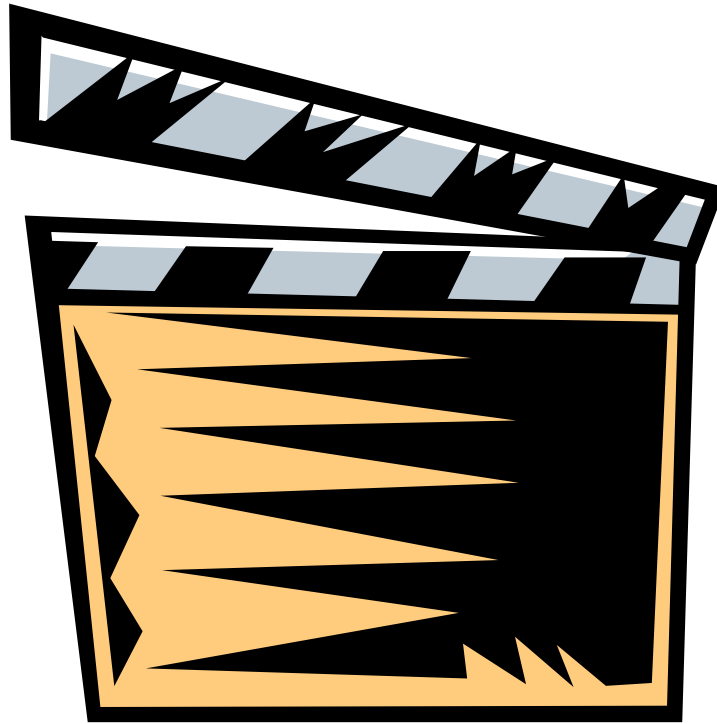# Work becomes reoriented around improvement

Change can be difficult for people

A plan, a roadmap, an agenda make it safer.

Lots of actions need to be accomplished

Policies and Procedures

Establish committees
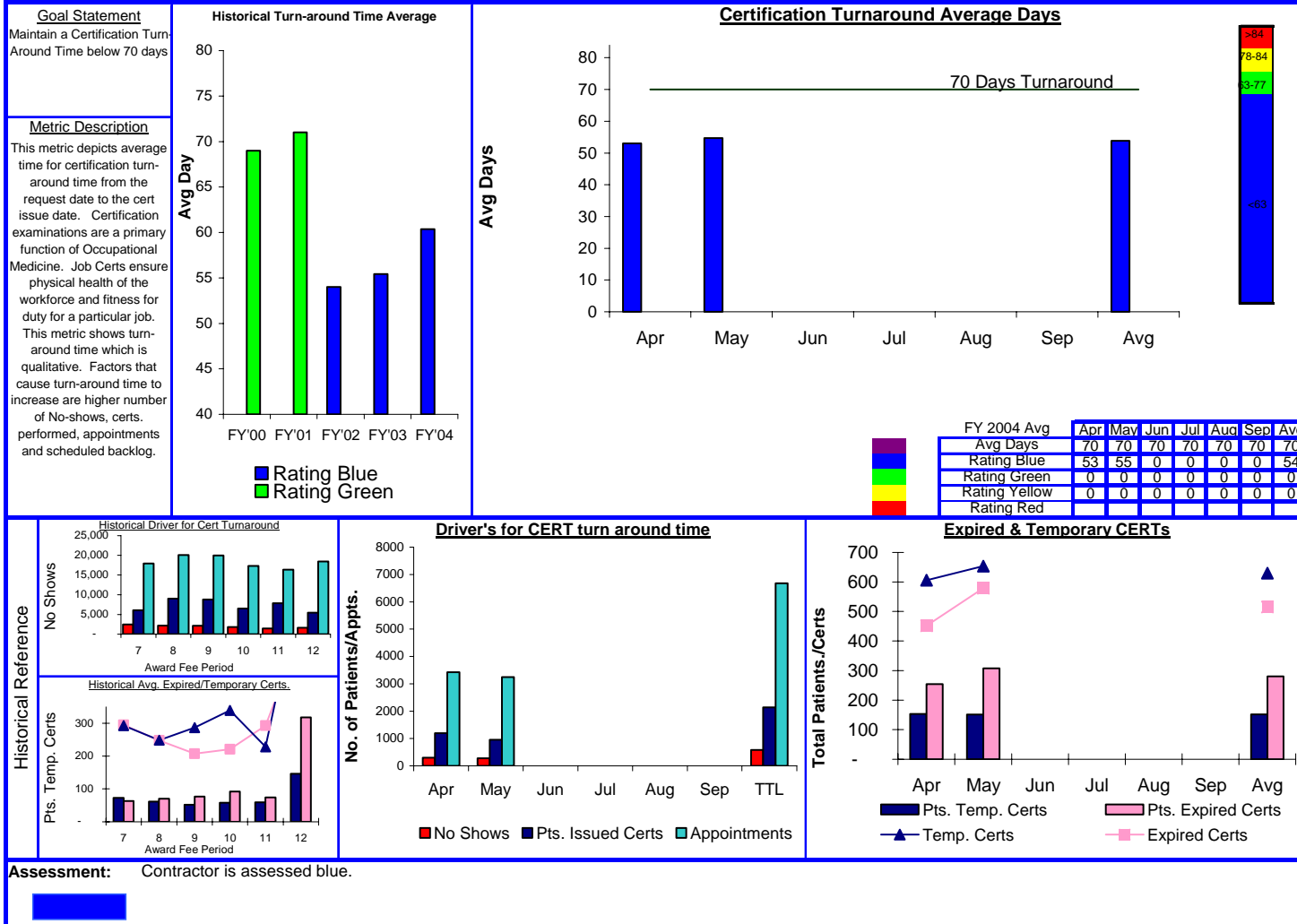
Track metrics & critical success factors

POC: Dr. Smallwood, SGS & MSgt Danielle
Turlington, CCSMO

Occupational Medicine - Certification Turn-Around Time
14th Period

Program Level Metric: Goal 4-3

Updated & Assessed Monthly

Date:5/31/05

Goal Statement
Maintain a Certification Turn-Around Time below 70 days

Metric Description
This metric depicts average time for certification turn-around time from the request date to the cert issue date. Certification examinations are a primary function of Occupational Medicine. Job Certs ensure physical health of the workforce and fitness for duty for a particular job. This metric shows turn-around time which is qualitative. Factors that cause turn-around time to increase are higher number of No-shows, certs. performed, appointments and scheduled backlog.

Historical Turn-around Time Average

Rating Blue
Rating Green

Certification Turnaround Average Days

70 Days Turnaround

FY 2004 Avg	Apr	May	Jun	Jul	Aug	Sep	Avg
Avg Days	70	70	70	70	70	70	70
Rating Blue	53	55	0	0	0	0	54
Rating Green	0	0	0	0	0	0	0
Rating Yellow	0	0	0	0	0	0	0
Rating Red							

Historical Driver for Cert Turnaround

Driver's for CERT turn around time

Expired & Temporary CERTs

Historical Avg. Expired/Temporary Certs.

No Shows / Pts. Issued Certs / Appointments

Pts. Temp. Certs / Pts. Expired Certs / Temp. Certs / Expired Certs

Assessment: Contractor is assessed blue.

Use a program management (PM) approach
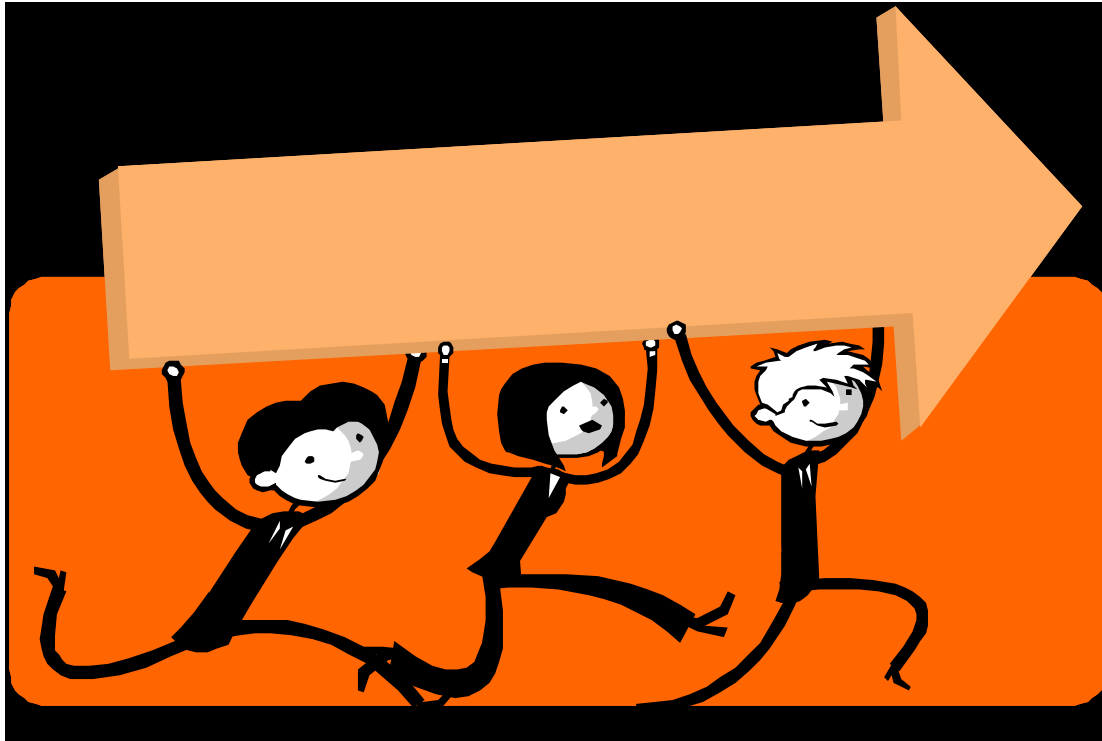# PM keeps the whole project in focus

A plan, a schedule, assigned responsibility

Make Assignments

Keep the team informed

All team members can contribute and will own the process

Many hands make labor light

This effort takes time and work

TIME

WORK

Working together is fun

Use collaborative tools

Shared database tools

MS Project shared

Excel shared

Involvement equals ownership

Everyone gets an assignment

Make Assignments

Improve it

Blood Lead Surveillance Levels

Goal Statement:
Track blood lead screening to detect elevated lead levels, note any trends, and take corrective action to prevent health problems. KSC Action Level is 25 ug/dl. OSHA Action Level is 40 ug.dl.

Metric Description:
This metric measures blood lead levels of workers enrolled in the Lead Tracking Program to protect the health of the worker as well as to comply with OSHA and KSC lead action standards.

Historical Data Types:
The lead metric is a factual assessment based on the chemical evaluation of the level of lead in a workers blood. Historical problem types include absorbed lead sources found outside of the job.

Historical Data Sources:
Blood lead levels are monitored in workers enrolled in the KSC Lead Tracking Program.

Historical Lead Levels

Exposure Excedences

Lead Levels - CY04
OSHA action level: 40 ug/dl
KSC action level 25 ug/dl
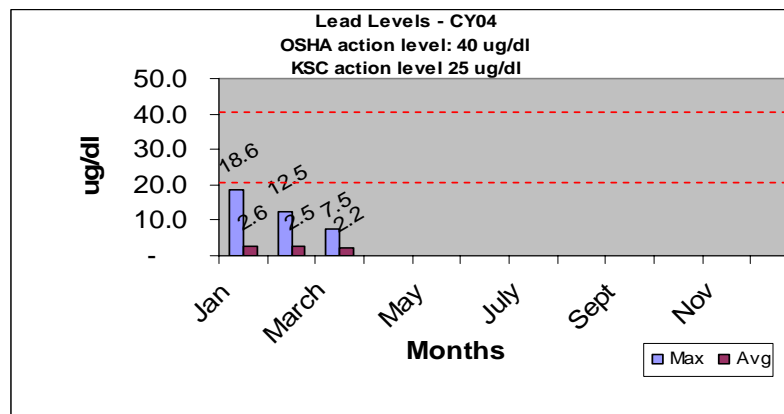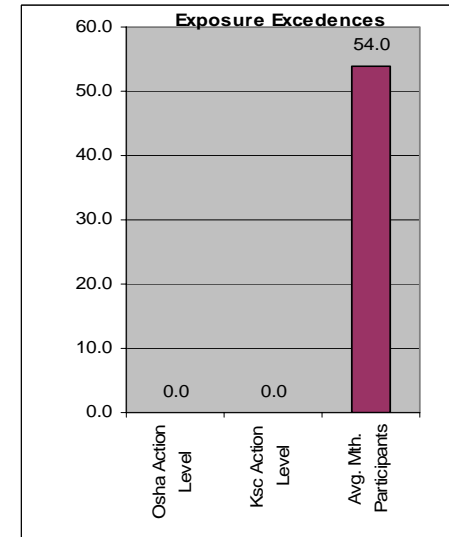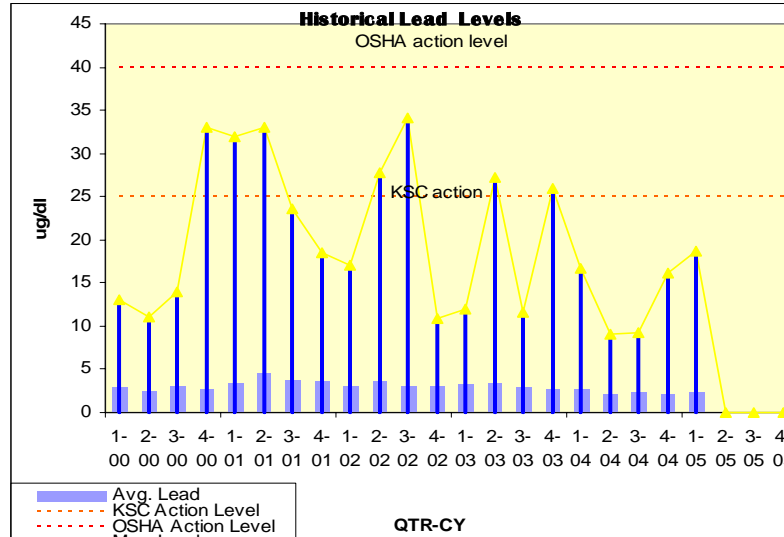
| CY 04	Avg	Max	Participants
Jan	2.6	18.6	59
Feb	2.5	12.5	79
March	2.2	7.5	51
April			
May			
June			
July			
Aug			
Sept			
Oct			
Nov			
Dec			

Assessment:
This metric provides an exceptional tool for ensuring the well-being of at risk personnel at the center. During the 1St quarter of CY 2005, no lead levels exceeded the Reportable action levels for OSHA of 40 ug/dl nor exceeded the action level for KSC/CCAFS of 25 ug/dl.
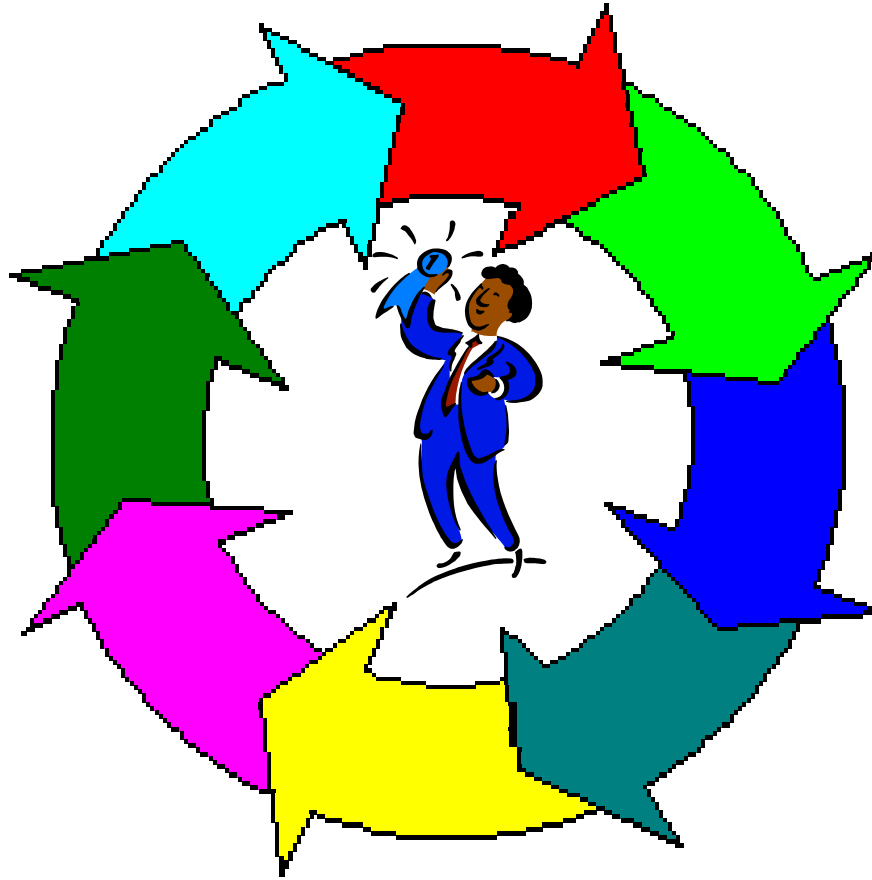
Improvement creates momentum

Ownership creates accountability

Accountability

Collaboration

Ownership
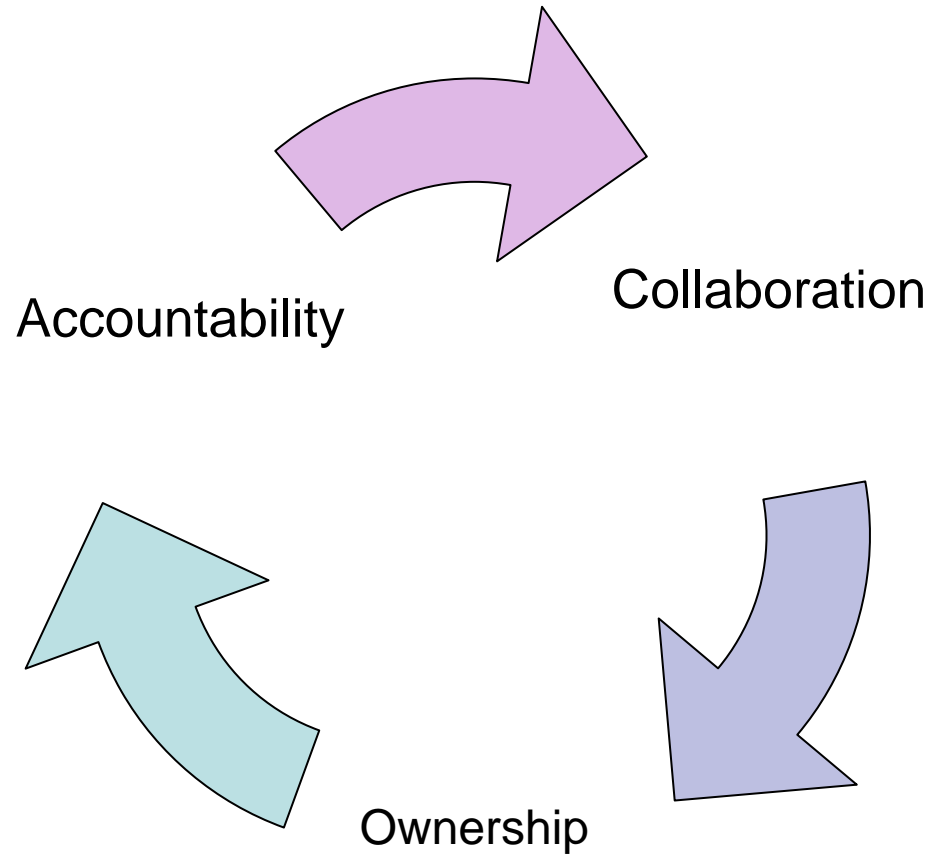
Accountability makes for progress

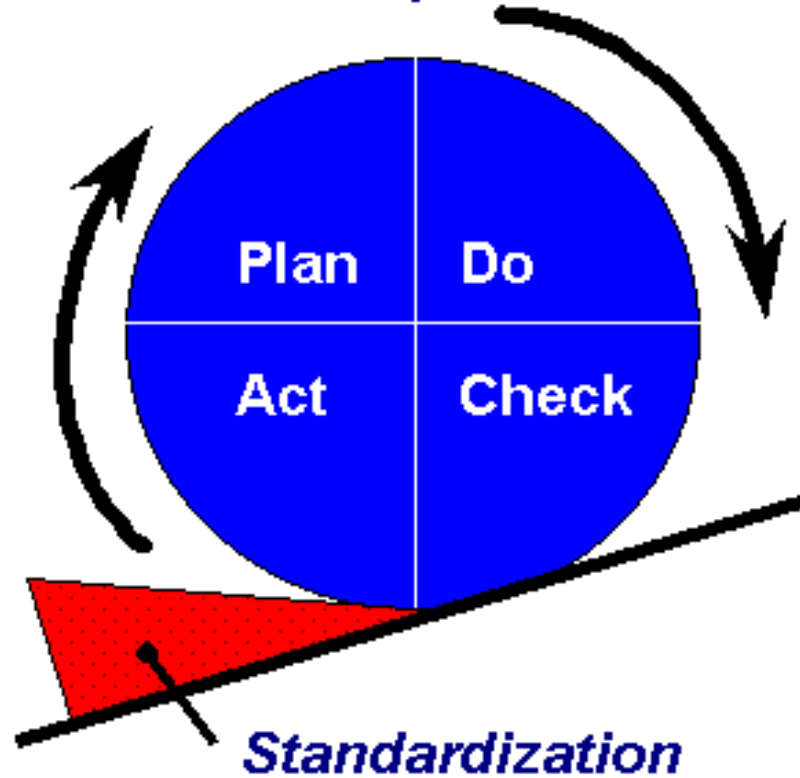# Improvement spawns improvement that everyone is proud of

People want to be part of the action

The process is the desired outcome not certification

Continuous improvement (CI) is the objective

Certification is the by-product
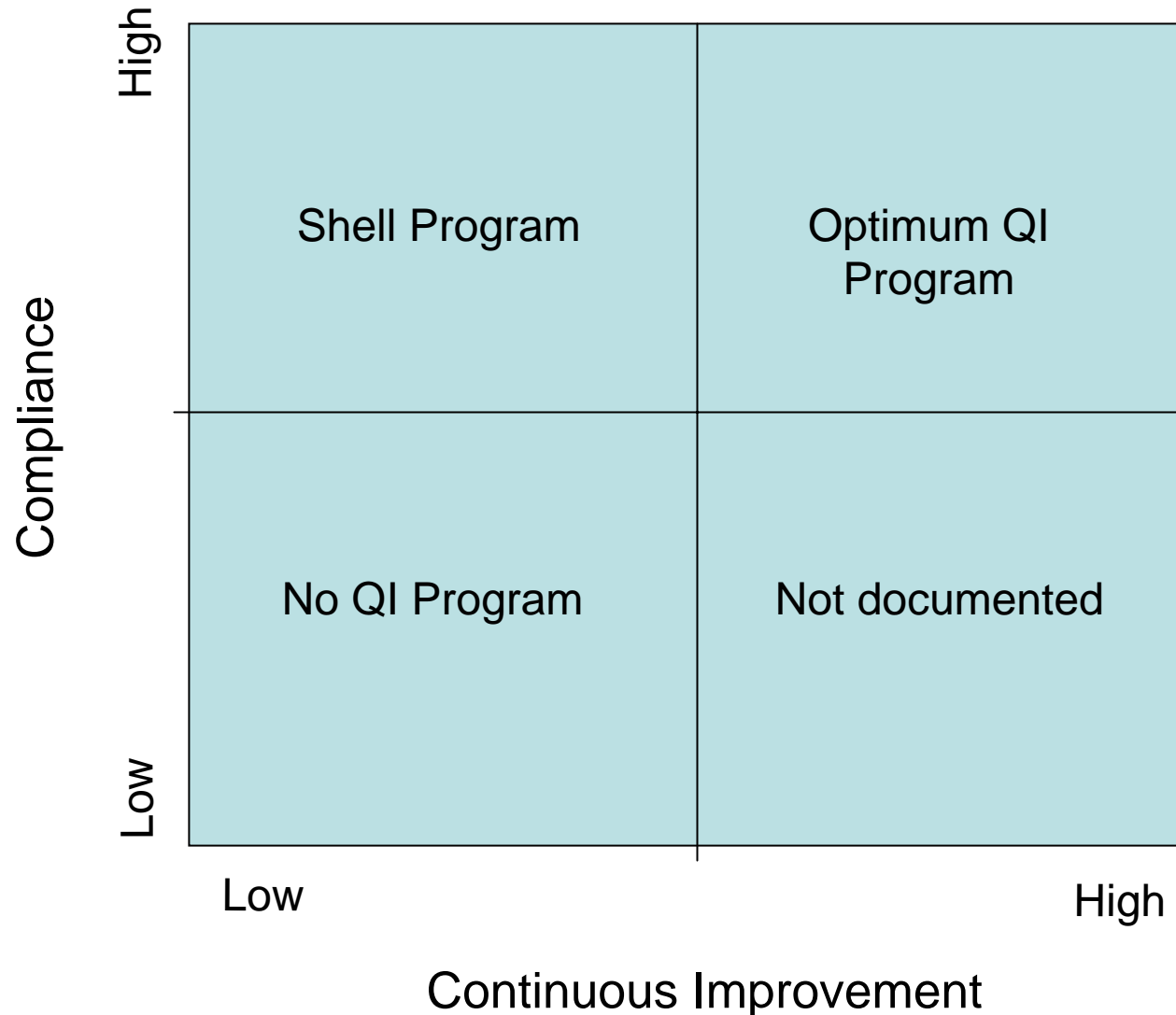
CI is satisfying to team

CI works

Organizational structure supports CI

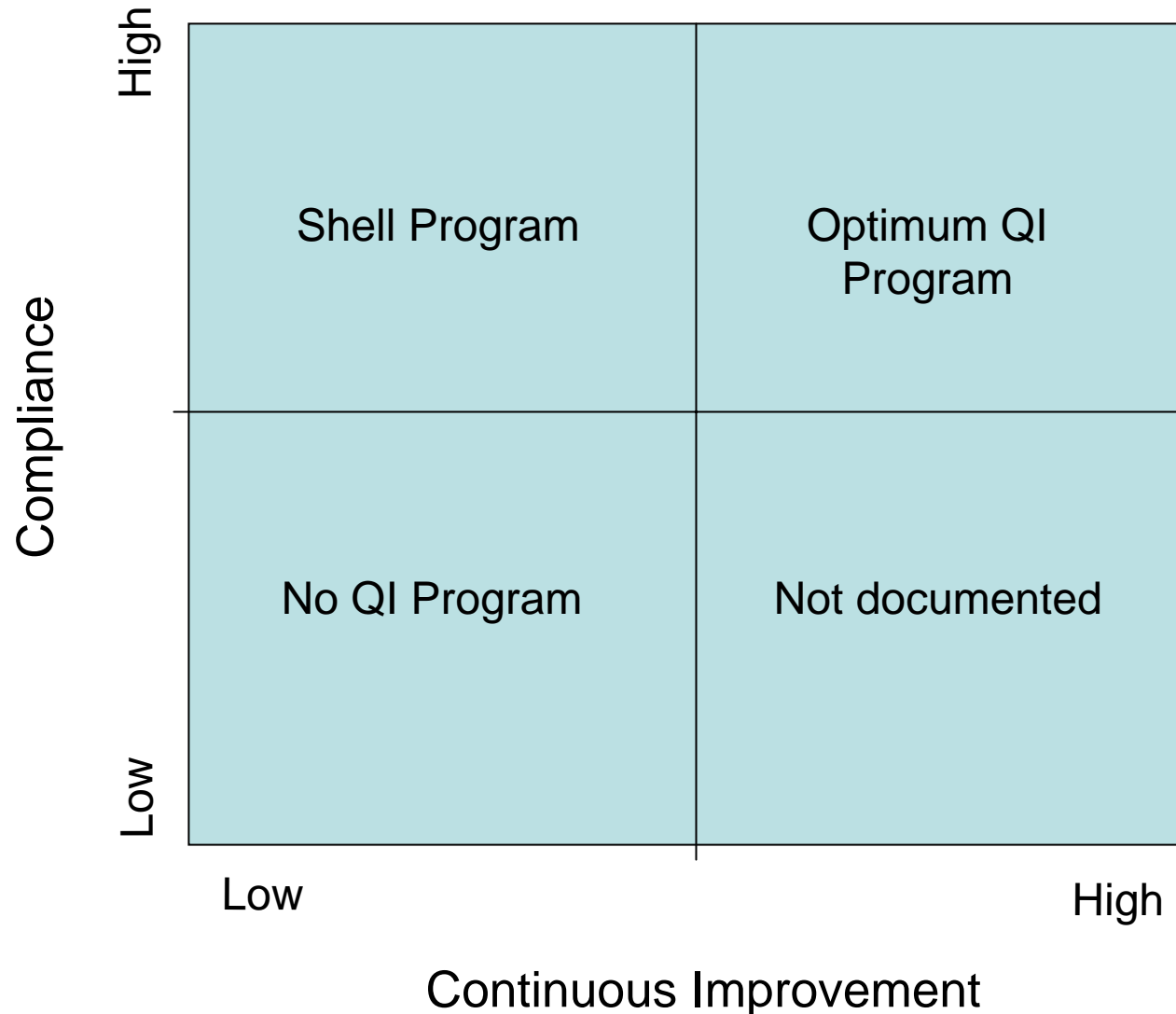Performance Improvement Committees

Infection Control Committee
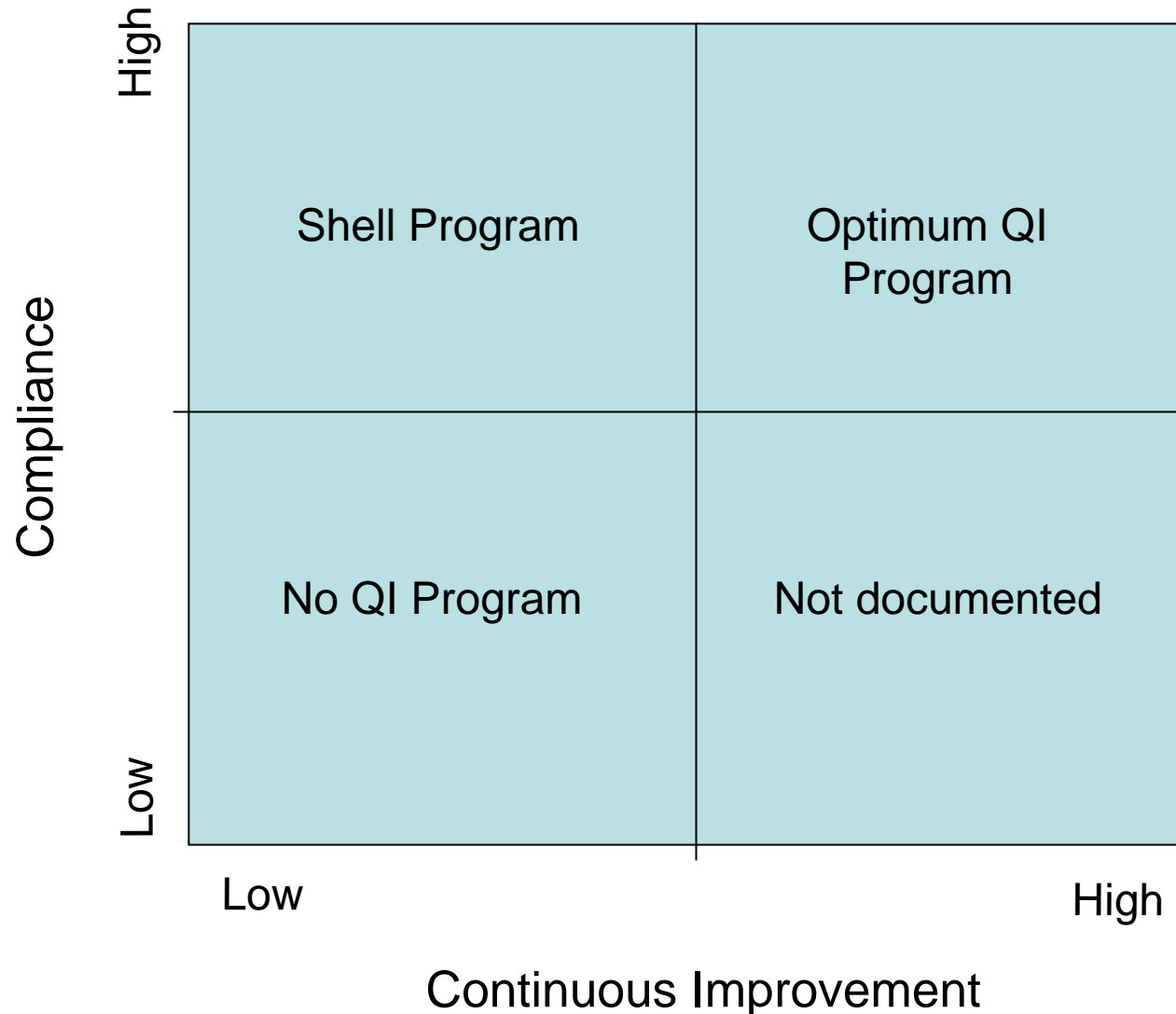
Process Improvement Teams
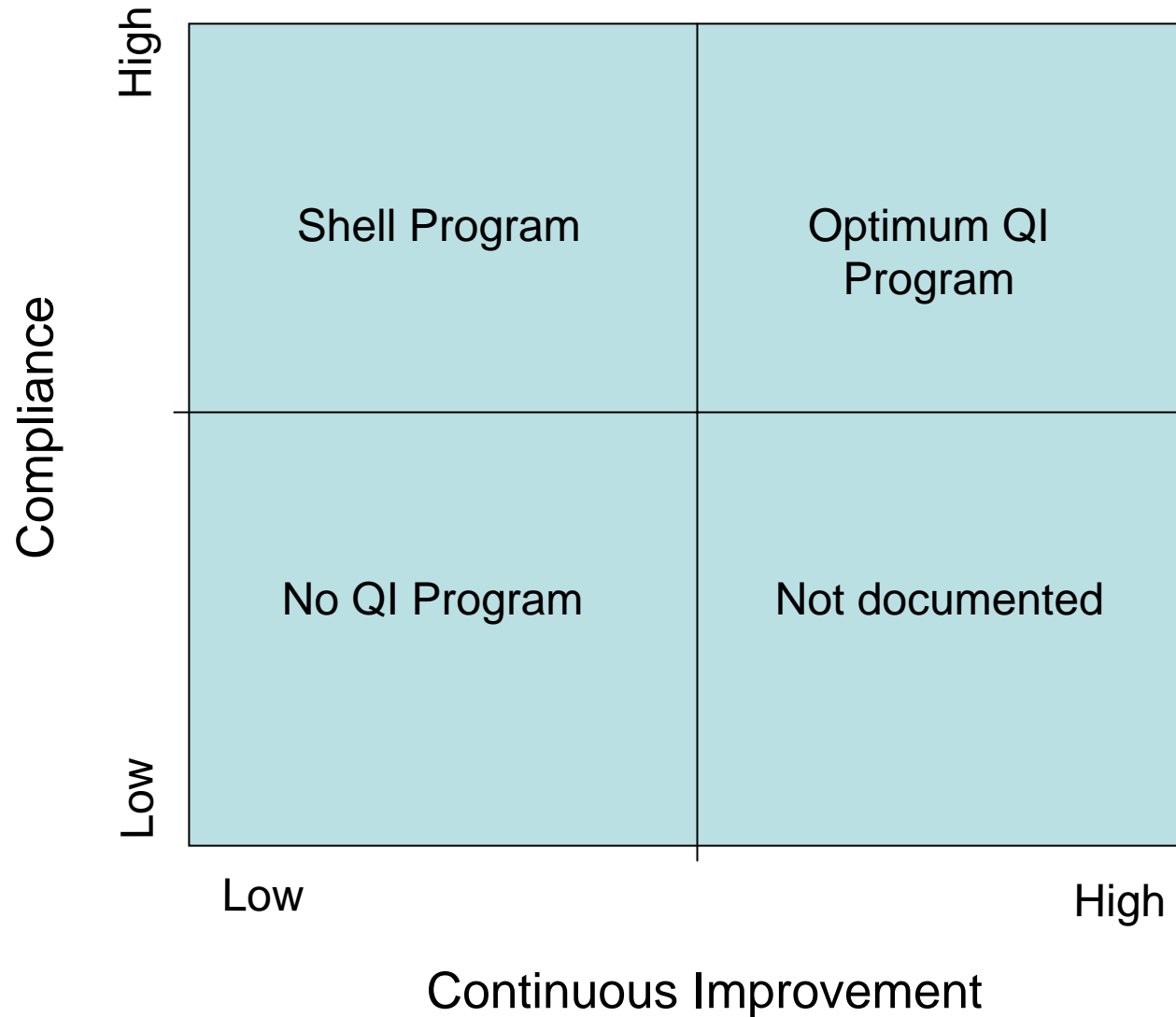
Certification without a team or CI is failure

Programs can not be bought off the shelf

QA Program is dependent on one player

A 2×2 matrix with x-axis "Continuous Improvement" (Low to High) and y-axis "Compliance" (Low to High):

- Top-left (High Compliance, Low Continuous Improvement): Shell Program
- Top-right (High Compliance, High Continuous Improvement): Optimum QI Program
- Bottom-left (Low Compliance, Low Continuous Improvement): No QI Program
- Bottom-right (Low Compliance, High Continuous Improvement): Not documented
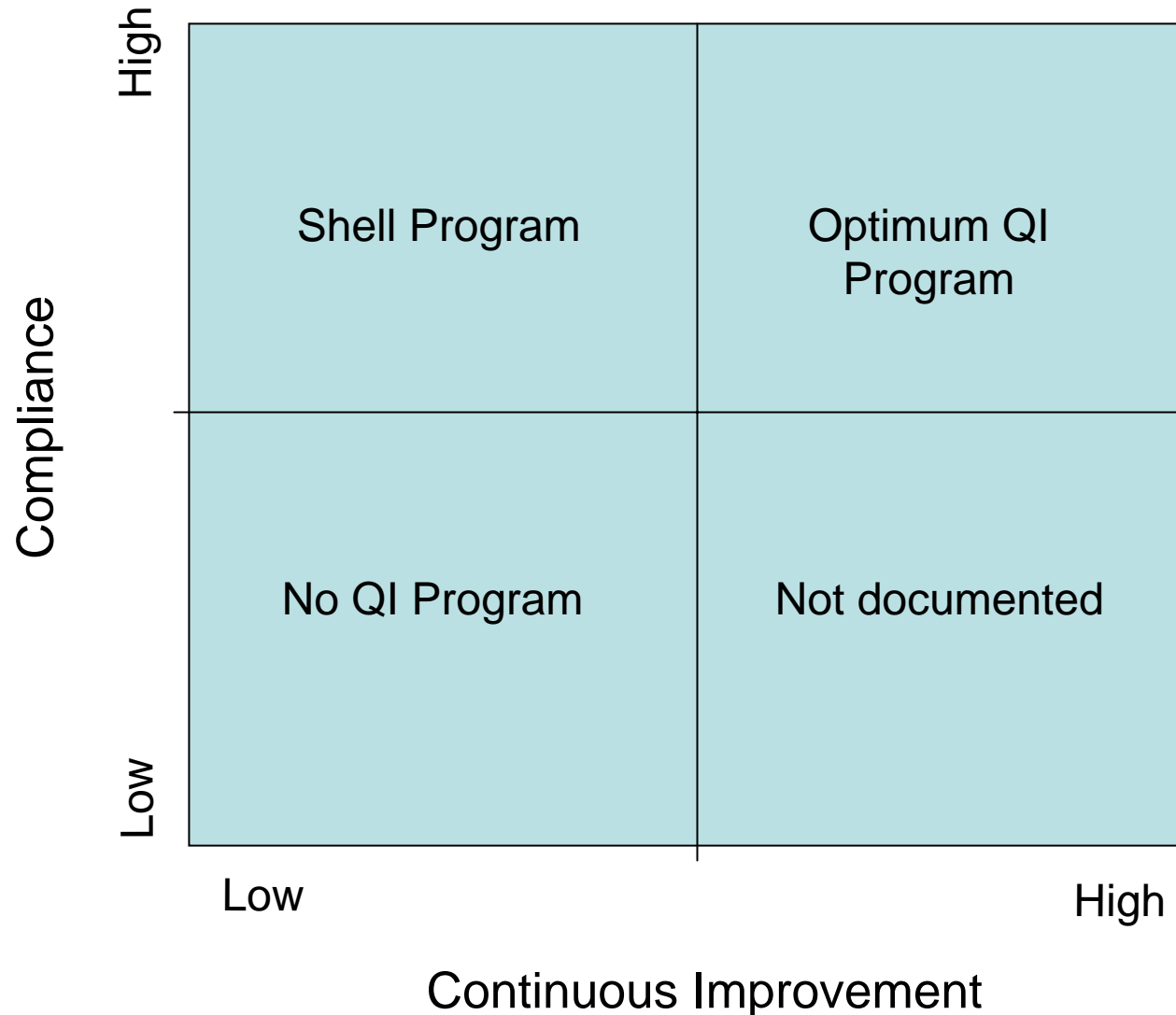
Demonstrates no buy-in

Can each center have a Quality Program within operational constraints?

YES

Staffing, budgets, complexity all compete for QA time

Schedule the Effort and Make it part of the Work

Involve the entire team and find that Improvements help to accomplish the goal

Just Do It

Teamwork makes it happen